

Residential Occupancy Survey

Displacee Information

Project Title:			Parcel No.:		
Name of Displacee(s):			Displacee No.:		
Date of Occupancy:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Cell Phone:			
Site Address:	Mailing Address:	Work Phone:			
		Home Phone:			
		Email Address:			

Residential Information

Total Sq Ft:	No. Bedrooms:	No. Bathrooms:	Total No. Rooms:	Lot Size:	Year Built:
Subject DS&S:	Garage Stalls:	Other major site improvements:			
Building Type: <input type="checkbox"/> Single Story <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> Split Level <input type="checkbox"/> Basement <input type="checkbox"/> Other _____					
Replacement Preference: <input type="checkbox"/> Purchase <input type="checkbox"/> Rent		<input type="checkbox"/> Own Transportation <input type="checkbox"/> Need Transportation <input type="checkbox"/> Need Public Transportation			
Adults:		M	F	Ethnic Identification Category:	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other	
		<input type="checkbox"/>	<input type="checkbox"/>	Utilities: Heat <input type="checkbox"/> NatGas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane Water <input type="checkbox"/> Well <input type="checkbox"/> City Water <input type="checkbox"/> Septic <input type="checkbox"/> Sewer	
Children:		FT	PT	M	F
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling Type: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condominium <input type="checkbox"/> Recreational Vehicle					
Move Type: <input type="checkbox"/> Schedule Move Payment Number of Rooms _____ <input type="checkbox"/> Commercial Move <input type="checkbox"/> Actual Cost Move					
Disability Issues/Special Needs/Comments:					

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Financial Information

Head of Household:		Spouse:	
Employer:		Employer:	
Occupation:		Occupation:	
Location:	No. of miles from home:	Location:	No. of miles from home:
Owner: <ul style="list-style-type: none"> • Mortgage Balance _____ • Interest Rate _____ • Loan Type _____ • Remaining Term _____ • Monthly Payment (P&I) _____ • Lender Name _____ • Contact Number _____ • Taxes & Insurance _____ 		Tenant: <ul style="list-style-type: none"> • Monthly Rent _____ • Monthly Utilities <ul style="list-style-type: none"> Heat _____ Power _____ Sewer _____ Water _____ • Lot/Ground Rent _____ • Rent Subsidy _____ • Gross Monthly Income _____ 	
		Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____	
*Note: Utilities only include heat, light, water & sewer			

Relocation Cost Estimate

RHP: \$	Moving Cost: \$	Date:	Specialist:
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